



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 6320.38B
BUMED-21
26 Apr 94

BUMED INSTRUCTION 6320.38B

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: CLINICAL USE OF NAVY RECOMPRESSION CHAMBERS FOR
HYPERBARIC OXYGEN TREATMENT

Ref: (a) NAVMEDCOMINST 6320.3B (NOTAL)
(b) U.S. Navy Diving Manual (Rev. 3) (NOTAL)
(c) Journal of the American Medical Association 263:2216-
2220 (1990) (NOTAL)
(d) BUMEDINST 6320.66A (NOTAL)
(e) Hyperbaric Oxygen Therapy: A Committee Report -
Undersea Hyperbaric Medical Society, Bethesda, MD
(NOTAL)

1. Purpose. To set forth policy and guidance for the use of Navy recompression chambers for the primary or adjunctive treatment of certain diseases and conditions for persons determined eligible for care per reference (a). Policy and guidance for treatment of diving disorders requiring recompression therapy are provided by reference (b). This is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 6320.38A.

3. Discussion. Recent advances in medical science indicate that hyperbaric oxygen is beneficial and may be life-saving in the treatment of certain diseases and conditions, reference (c). The responsible attending diving medical officer (DMO) must weigh the possible advantages of hyperbaric treatment against the risk of patient transport and hyperbaric complications in a nonclinical recompression chamber, where certain treatment modalities are not readily available. As clarification, the Navy's recompression chambers are designed to treat injuries and illness caused by changes in barometric pressure, encountered in both diving and aviation. Although the Navy's recompression chambers are sufficient for the needs specified in reference (b), they are not considered to meet the criteria of clinical hyperbaric chambers, as specified by the Joint Commission on the Accreditation of Healthcare Organizations. Nonetheless, there may be situations where the employment of a Navy recompression chamber to treat a non-hyperbaric condition will be appropriate despite the chamber limitations.



26 Apr 94

4. Action

a. The commanding officer of any Navy activity having a recompression chamber properly fitted with oxygen equipment and adequately manned by experienced diving personnel and an experienced DMO credentialed per reference (d), may, at his or her discretion, and following reference (a), make the recompression chamber available for the medical treatment of any person who is suffering from acute carbon monoxide poisoning or smoke inhalation with a presumption of carbon monoxide poisoning; acute gas embolism; clostridial myonecrosis; or acute necrotizing soft tissue infection provided:

(1) The treatment is consistent with currently accepted medical practices, reference (e).

(2) The treatment, in the opinion of the commanding officer, does not significantly interfere with the operational or research commitments for the recompression chamber nor place excessive demands upon the watch standers, so as to interfere with operational readiness.

(3) An adequately trained and experienced DMO, credentialed per reference (d), is in attendance.

(4) The patient or the patient's legal representative signs an SF-522, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures.

b. Permission from BUMED (MED-21) must be obtained before hyperbaric oxygen therapy is given for conditions other than those specified above.

5. Form. SF-522 (1-73), Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, is available from the Federal Supply System through normal supply procurement procedures.


D. F. HAGEN

Stocked:
Navy Publications and Forms Directorate
Physical Distribution Division Code 103
5801 Tabor Avenue
Philadelphia PA 19120-5099